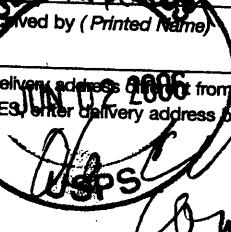
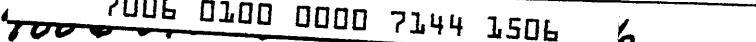


<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature    <input checked="" type="checkbox"/> Agent   <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) </p> <p>C. Date of Delivery      JUN 12 2006    If YES, enter delivery address below:  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes    If YES, enter delivery address below:      38 Counterclaim</p>	
<p>1. Article Addressed to:</p> <p>Michael P. Atkinson, Member of    Atkinson, Haskins, Nellis,    Holeman, Brittingham    1500 ParkCentre    525 South Main Street    Tulsa, OK 74103-4524</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail   <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered   <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail   <input checked="" type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number  <i>(Transfer from service label)</i>      7006 0100 0000 7144 1506 6</p>		<p>Domestic Return Receipt    PS Form 3811, February 2004      102595-02-M-1540</p>	